

NSA OF WASHINGTON WAIVER/RELEASE OF LIABILITY & LINEUP



**NSA OF WASHINGTON
PO BOX 444
BELLEVUE, WA 98009
INFO@NSAWA.COM
WWW.NSAWA.COM**



(ANNUAL FEES: ADULT TEAMS \$25.00)

Team Name: _____ Name Last Season: _____
 Manager's Name: _____ Home Ph: (____) _____
 Address: _____ Work Ph: (____) _____
 City: _____ State: _____ Zip: _____
 City of League: _____ E-Mail: _____
 Division: _____ Classification: _____

**TEAM MANAGER AND PLAYERS, READ THE FOLLOWING
STATEMENT BEFORE COMPLETING AND SIGNING**

In consideration of being permitted to participate in the N.S.A., I hereby agree for myself, heirs and assigns, release and forever discharge National Softball Association, Inc., (N.S.A.), their employees, officers, and directors from all claims, actions or judgements I may have or claim to have against N.S.A. for all personal injuries, including death, and injuries to property, real or personal, caused by an or arising out of my participation in the N.S.A. - either Leagues or Tournaments. I further agree for myself, successors, heirs and assigns to indemnify and hold N.S.A. harmless from all claims and suits for personal injuries, including death, damages to property caused by my act of omission arising out of participation in the N.S.A., and from all judgements recovered and from all expenses incurred in defending said claims or suits. I further agree that my photographs, pictures or movies taken or made by N.S.A., their employees, officers, and directors, in connection with my participation in the N.S. A. either League or Tournaments, or any reproduction of the same, as well as my name, may in any manner be used by N.S.A., or by any person, corporation, or association authorized by N.S.A. I am in good health and have no physical condition that would prevent me from participating in the N.S.A. events.

I, UNDERSIGNED, HAVE READ AND UNDERSTAND THE FOREGOING RELEASE.

PRINT OR TYPE PLAYERS NAME	PLAYERS SIGNATURE
1. NAME: _____	SIGNATURE: _____
2. NAME: _____	SIGNATURE: _____
3. NAME: _____	SIGNATURE: _____
4. NAME: _____	SIGNATURE: _____
5. NAME: _____	SIGNATURE: _____
6. NAME: _____	SIGNATURE: _____
7. NAME: _____	SIGNATURE: _____
8. NAME: _____	SIGNATURE: _____
9. NAME: _____	SIGNATURE: _____
10. NAME: _____	SIGNATURE: _____
11. NAME: _____	SIGNATURE: _____
12. NAME: _____	SIGNATURE: _____
13. NAME: _____	SIGNATURE: _____
14. NAME: _____	SIGNATURE: _____
15. NAME: _____	SIGNATURE: _____
16. NAME: _____	SIGNATURE: _____
17. NAME: _____	SIGNATURE: _____
18. NAME: _____	SIGNATURE: _____
19. NAME: _____	SIGNATURE: _____
20. NAME: _____	SIGNATURE: _____

REQUIREMENTS: Lineup must be signed by all players. The player is automatically ineligible if a signature appears on more than one lineup, unless the player has a written release dated and signed by the team manager of the team for which the player will not be a member. The release must be filled out with the State Director before the teams play in a tournament. **TEAM MEMBERS MAY BE ASKED TO PROVIDE A POSITIVE I.D. UPON REQUEST.**

TEAM MANAGER'S AFFIDAVIT

I am the manager of the above team and guarantee all the information supplied above is correct to the best of my knowledge and that all of the players signed the above in their handwriting and they are eligible to compete with my team in N.S.A. tournament play and agree to be bound by the rules and regulations of N.S.A. I also guarantee that if my team is a church team, all members of my team are members in good standing of the church we represent.

MANAGER'S SIGNATURE: _____ DATE: _____